

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	84	577	4/25/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/27/03
2	✓	✓	11/20/01
3	✓	✓	7/18/04
4	✓	✓	2/2/05
5	✓	✓	7/18/05
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
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41	✓	✓	
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43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	11/27/03
52	✓	✓	11/27/03
53	✓	✓	11/27/03
54	✓	✓	11/27/03
55	✓	✓	11/27/03
56	✓	✓	11/27/03
57	✓	✓	11/27/03
58	✓	✓	11/27/03
59	✓	✓	11/27/03
60	✓	✓	11/27/03
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
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144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

Best Available Copy

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

C.C.  
04-26-01